

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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15	1					
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17		8				
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50						
TOTAL IND.	3					
TOTAL DEP.	43					
TOTAL CLAIMS	46					

	IND		DEP		IND	
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